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File with:

Reset Form

Disclosure Board 510 E. 12 th , Ste. 1A				and The	PARTHICS AND
Des Moines, lowa 50319 Fax: 515-281-4073	1	ONS, SEE BACK OF FORM E SUMMARY PAGE		2009	PAIST FINES AND OCT 29 PM 1
COMMITTEE NAME (Must b	e same as on Statement of On	gahization)			Zy PM 1:
Huppert for City Council			1 1	RM R-2	
(1)Statewide/Legislative/Judge:	of committee you are reporting for Standing for Retention Candidate 5)County Candidate (6)City Can tly PAC (9)City PAC (10)School		(Rev	. 07/2007) Mice Vae Or	DISCLOSURE REPORT
CANDIDATE COMMITTEES Candidate Name Jason huppert	ONLY:	Political Party (if applicable)	Logge	ed in	
Office Sought City council / ward 4		District (if Senete or House)			
SIGNATURE OF PERSON FI	· · · · · · · · · · · · · · · · · · ·	2/9 - 470 - 38/3 TELEPHONE		01(3), the ca (0 ~ 2 DATE S	_
I AM FILING A 10-29-09		REPORT FOR (1) ELECTION		ECTION YE	AR.
(r	eport date)	Indicaté by	#		
Check if this is final (termin	nation) report and attach Notice to file reports until a DR-3 is file	of Dissolution Form DR-3.	County & Local which Election	// 3 of Committees is held	one of Election Off a, enter County in EE
STATEN	ENT OF CASH ON HAI	ND .	<u> </u>		
committee. This am	ning of the reporting period. ('count MUST be the same as the period or must be zero if this is		\$	0.00	
ADD TOTAL MONE	Y TAKEN IN THIS PERIOD			016.00	
Schedule A: Cash 0	Contributions total (Attach Scho	edule A) (*also see in-kind below)	*******	915.00	
	• •	le F)			•
Schedule H: Total S	Sales of Campaign Property (A	ttach Schedule H)			
(Schodule	H applies to Candidates' Cor	mmittees Only)		915.00	
		SUB-TOTAL	****************		
SUBTRACT TOTAL	, MONEY SPENT THIS PERIO	oo ac		814.99	
	•	B) (**also see debts and loans below	,	917.77	
Schedule F: Loan F	Repayments total (Attach Sche	dule F)		106	41
CASH ON HAND at the end of	of this reporting period (if final r	report balance must be zero)	. ,	100,0	<i>/</i>
"UNPAID BILLS (From Sche	edule D - Attach Schedule D)		,\$		
*IN KIND CONTRIBUTIONS	(From Schedule E - Attach Sch	1edule E)	\$		· · · · · · · · · · · · · · · · · · ·
"OUTSTANDING LOANS (F	rom Schedule F - Attach Sche	dule F)	\$		
CONSULTANT BREAKDOW	N (Schedule G Attached?)		4841A48004A	YES	NO
CANDIDATE COMMITTEES	ONLY:				
VALUE OF CAMPAIGN PRO	PERTY (From Schedule H - A	ttach Schedule H)	ŝ		

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

MONETARY

SCHEDULE

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For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

3193722220

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM
Huppert for city Council		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B,32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	VIFFOF FUND- RAISER INCOME
10/10/09	ID# CK#	Max Hoenig 1621 ave. g Fort Madison Ia, 52627		\$139	✓
10/10/09	ID# CK#	Joe Reuther 4707 Ave. L fort madison ia, 52627		155	1
10/10/09	ID# CK#	Dawn Helling # 37 oak Dr. Fort Madison ia 52627		116	1
10/10/09	ID#	Terry Megreger 3111 and Ave h. fort medison is 52627		115	1
10/10/09	ID# CK#	Lea Hearbly Donnelson ia		45	1
10/10/09	ID# CK#	Unitimized Donations		345	1
	ID# CK#				
	ID#				
	ID#				
	ID#				
	CK#		SUB-TOTAL	s	L

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consarguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ______or___or___

\$ 915

TOTAL (If last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

(Must be same as on Statement of Orga	

Huppert for City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/11/09	ID# CK#	Jason Huppert	Remeburament of funds given by jason huppet for campaign expences	\$ 300.52
10/15/09	ID#	My Campaign Signs	100 yard signs	440.00
10/26/09	ID#	Daily Democrat	add to run 10-29-09	58.00
0/26/09	ID# CK#	Dodd Printing	Flyers	16.47
	ID#			
	ID#			
	CK#			
	CK#			
	CK#			

TOTAL (if last page of this schedule)

\$ 814.99

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain compaign property coating \$500 or more must also be inventoried on Schodule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lower Code 68A,402(3)(i).)

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